## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 5907 1/ applicant(s)

FILING DATE

**CLAIMS** 

|   | A  | AS F     | ILED   |              | AFTER 1"AMENDMENT           |                |                | AFTER 2 MAMENDMENT |          | Ť             |   |
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| 13  | -  |          | <del>/-</del>                                    | ╌            |                             |                | -              |                    | 4        |               | 1 |
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| 38  | <u> </u>   | _        |  |              |                             |                | 1              |                    | $\vdash$ |               |   |
| 39<br>40  |  | +        |  | L            |                             |                |                |                    |          |               |   |
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| TOTAL<br>DEP.   | •  | 4        |  | J            | <sup>2</sup> 5 <sub>4</sub> | <b>.</b>       |                |                    | _        | .             |   |
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| L        | 68            |          |               |           |               |                     |               |     |
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